



COUNSELOR APPLICATION

Applications and references must be received by May 18, 2016
Background checks must be postmarked by June 1, 2016*

Applicant Name: _____ Male Female

Street Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ **T-Shirt Size** Small Medium Large X-large XXL

Adult Counselor* Senior Counselor (must be 16 years or older) Junior Counselor (must be 14 years or older)

Camp Weeks *Please check the appropriate box(es) to indicate each week of camp for which you are applying.*

- | | |
|---|--|
| June 12-17, 2016 <u>Junior High Camp (grades 7-9)</u> | July 3-8, 2016 <u>4th thru 6th Grade Camp</u> |
| June 19-25, 2016 <u>Senior High Camp (grades 9-12)</u> | July 10-13, 2016 <u>3rd thru 5th Grade Half Week</u> |
| June 26-July 1, 2016 <u>6th thru 8th Grade Camp</u> | July 10-15, 2016 <u>3rd thru 5th Grade Full Week</u> |
| July 3-8, 2016 <u>Paintball Camp (grades 9-12)</u> | July 10-16, 2016 <u>Performing Arts Camp (grades 9-12)</u> |

Background Information Have you at ANY time EVER:

1. Been convicted of or pleaded no contest to any crime? Y or N If yes, please explain _____

2. Engaged in or been accused of any child molestation, exploitation, or abuse? Y or N If yes, please explain _____

3. Are you willing to submit to a background check? Yes No

High School Attended/City: _____ Graduation Date: _____
College: _____ Employer: _____

List the church(es) you have attended in the past five years.

Church: _____ City/State: _____
Church: _____ City/State: _____
Church: _____ City/State: _____

In what ways are you involved in your church?

Do you have any other counseling-related work experience? Y or N If yes, please explain _____

Camp Experience

Have you ever attended a camp? Y or N Where? _____ How many years? _____
Have you ever been a counselor? Y or N Where? _____ How many years? _____
Have you ever been on a camp staff? Y or N Where? _____ How many years? _____
If yes, where?

References A minimum of 2 references are required: 1 from your current pastor, 1 from another adult leader of your choice.

1. Name: _____ Relationship: _____
Address: _____ Phone: _____
City/State/Zip: _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____
City/State/Zip: _____

Please respond to the following to the best of your ability. Attach an additional page if necessary to fully answer the questions.

1. My testimony of my relationship with Christ:

2. Have you ever led someone to Christ, and if so, how did you do it?

Recognizing there is a great need for Christians to share in the Church of God State Youth Camping Program at Camp Marengo, I am filling out this application to state my qualifications and express my desire to serve in this ministry. I will, to the best of my ability, prepare by knowing my responsibilities, complete any assignments given to me, and commit to pray for the purposes and needs of Camp Marengo. I will support the overall program by cooperating with camp staff and conforming to the recommendations and policies of the camp. I will also be a Christian example and witness through my daily life. My relationship with Christ is described and my signature signifies that every word on this application is true.

Signature: _____ Date: _____

Send application to:

Jessica Smith
Camp Marengo
P.O. Box 177
Marengo, Ohio 43334

Counselor Applications AND all References must be received by May 18, 2016 to be considered for this summer.

For office use only:

App received (Date)

References received (Date)